

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. D91902048 FILING DATE

APPLICANT(S)

10305

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
4		1			
5		1			
6		1			
7					
8		1			
9					
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11		1			
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48					
49					
50					
TOTAL IND.		2			
TOTAL DEP.		9			
TOTAL CLAIMS	11				

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50		
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			